MEM-Member Calls Regarding Open Enrollment

Purpose:
This procedure explains the process of how to handle a member's call that has gotten a letter asking them to choose a Managed Health Care provider.

Identification of Roles:
Customer Service Representatives (CSR)

Performance Standards:
Quality Assurance for all Member Service's calls must be at least 85%. However, enrollments should be completed correctly 100% of the time.

Path of Business Procedure:
Step 1: Calls are routed by an ACD into an enrollment queue and answered by the next available CSR.

Step 2: CSR access the member's file and will verify that the caller is Health Insurance Portability and Accountability Act of 1996 (HIPPA) authorized to obtain information and make changes to the member's file.
   a. Verify the person calling is listed as the member, the case name or the name in Social Services Number information (SSNI).
   b. Verify the mailing address on file.
   c. Request the caller's current phone number.

Step 3: CSR will verify using screen 16 in Medicaid Management Information System (MMIS) that the member was sent a Managed Health Care letter asking them to choose a doctor.
   a. Verify that the member has any information listed on screen 16.
   b. Verify that the member has an enrollment period established.

Step 4: Once it has been determined the member has Managed Health Care, verify that the member is in open enrollment:
   a. If the enrollment code is "J", the member is in open.
      1. If yes, go to Step6.
      2. If no, continue step b.
   b. Is the member in a mandatory MHC county? (The only counties not mandatory are, Louisa, Dubuque, Scott, Linn, Poweshiek, Ringgold, Wapello, and Des Moines.)
      1. If yes, continue to step c.
      2. If no, explain that they live in a county that does not require they enroll with a health care provider.

  c. Is today's date between the "open begin" and the "open end"?
    1. If yes, go to Step 6.
    2. If no, go to Step 5.

Step 5: If the member is not in open enrollment, you will need to ask them for their reason for change today.
  a. There are several good cause reasons to change. If the member has a "good cause" (EPP) reason to change (See Member Services Reference Manual, Enrollment Section for Good Cause (EPP) Reasons, proceed to Step 6.
  b. If the member does not have a "good cause" reason for change, explain that they are currently in closed enrollment and will need to call back when they get a letter advising them that they are now in open enrollment.

Step 6: Ask the member for the provider's name and the county they are in.
  a. If the member does not know the county then ask them what city the provider's office is located in.

Step 7: Look up the provider in MMIS the Provider Subsystem, Screen 9 or in the provider directory you have been given.
  a. Note: If you use your provider directory, you will need to enter the provider number into the Provider Subsystem, Screen 9 as well.

Step 8: Press F3 from the main page of the provider's file in Screen 9 to verify the provider's Managed Health Care status:
  a. Check that the MPASS field is set to "Y".
  b. Has the provider reached the maximum number of patients that they will allow?
  c. Does the provider accept all patients or are they current only?
  d. Is there an age restriction?
  e. What counties will the provider accept members from?

Step 9: Completing the enrollment:
 a. If the provider does not have any restrictions complete the enrollment using the following steps:
    1. Place an "F" in the enroll code field.
    2. Type the provider's seven digit legacy number in the provider number field.
    3. Press the F10 key twice.
 b. If the provider has a restriction, check to see if the member has previously been enrolled with the provider within the last year.
    1. If yes, an override would be requested through Provider Services.
    2. If no, inform the member to contact the provider's office to see if they will accept them and if so they would contact Provider Services to request they be enrolled with the provider.

Forms/Reports:

RFP References:
6.5.1 Managed Health Care Enrollment Broker

Interfaces:
MMIS MHC ENROLLMENT SUBSYSTEM

Attachments:
None